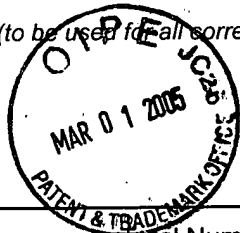


FW/18

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)



Complete if Known

Application Number	10/786,461
Filing Date	February 26, 2004
First Named Inventor	MIGLIACCIO
Examiner Name	DUNSTON, Jennifer A
Group Art Unit	1636
Attorney Docket Number	1570-521
Confirmation Number	9319

Total Number of Pages in This Submission

## ENCLOSURES (check all that apply)

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                     | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input checked="" type="checkbox"/> Fee Attached                             | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> Amendment/Reply                          | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request                | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Request for Refund   | Attachments:  |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> CD, Number of CD(s)  | Declaration of Giovanni Migliaccio  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> Landscape Table on CD  | Declaration of Anna Rita Franco   |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   |   |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

REMARKS:

SUBMITTED BY		Complete (if applicable)			
NAME AND REG. NUMBER	Willem F. DeWeerd, Reg. No. 51,613				
SIGNATURE		DATE	March 1, 2005	DEPOSIT ACCOUNT USER ID 02-2135	XXX